

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33075

FILED OCT 19 1943 318

Registration District No. 318

Primary Registration District No. 1003

State File No. 8865

Registrar's No. 8865

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 1 day  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Cooksey Lillian Fitzgerald

3. (b) If veteran, name war..... no 3. (c) Social Security No. none

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, divorced

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 23 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 3 13 hr. min.

9. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business none

12. Name Vall Cooksey

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Palmer

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Orville Hunter

(b) Address 3516 Page Blv'd

17. (a) Burial (b) Date thereof Oct-9- 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. J. Brown R. A. U. Co.

(b) Address 2707 N. Brand Blv'd

19. (a) OCT 7 1943 (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 818 N. 18th st  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6  
year 1943 hour 1 minute 45 a.m.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Arterio Sclerosis

Due to Myocardial Infarction

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature.....

Address 1300 Clark

Date signed 10/11/43

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Paul F. Krockenberg*

Licensed Embalmer No. *2631*

P. O. Address..... *2707 N. Grand*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**